INFORMATIONAL LETTER NO.1233

DATE: April 16, 2013

TO: Iowa Medicaid Hospitals, Physicians, Dentists, Podiatrists, Optometrists,

Opticians, Pharmacy, Home Health Agency, Independent Lab, Ambulance, Medical Supply Dealers, Clinics, Rural Health Clinics, Chiropractors, Audiologists, Skilled Nursing Facilities, Rehab Agency, Intermediate Care Facilities, Community Mental Health Centers, Mental

Hospitals, Community Based ICF/MR, Psychologists, Hearing Aid Dealers, Orthopedic Shoe Dealers, Ambulatory Surgical Center, Certified

Registered Nurse Anesthetists, Hospice, Clinical Social Workers, Federal Qualified Health Centers, Nursing Facility-Mental ILL and

Advance Registered Nurse Practitioners

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

SUBJECT: Updated Templates for Medicare Crossover Claims

EFFECTIVE: June 1, 2013

The IME has updated the versions of the IME Medicare Crossover Invoices and instructions. These new versions will be available to providers on June 1, 2013, at: http://www.ime.state.ia.us/Providers/ClaimsPage.html. The process and requirements for completing these forms have not changed. All providers enrolled with the IME are still required to use the updated IME Medicare Crossover Invoices and attach a copy of the Medicare Explanation of Benefits (EOMB) when submitting on paper. The claim form used to submit services to Medicare will determine which IME Medicare Crossover Invoice to use. Effective July 1, 2013, only the versions with a revision date of April 2013 will be accepted.

The appearance and layout of both the Medicare Crossover Invoice - Professional (470-4708 Rev. 4/13) and the Medicare Crossover Invoice - Institutional (470-4707 Rev. 4/13) were changed to accommodate the updates. Fields such as referring/rendering/attending physician NPI, ICD version indicator and procedure codes were added to increase the level of detail on the provider's claims to help us improve the claims processing and analysis capability.

Some of the previous field locations and field names were also changed. Please refer to the appropriate set of instructions when completing the Medicare Crossover Invoices.

For ease of use, the templates can be saved to a provider's own computer system. The invoice must be filled out using the PDF template, printed on white paper with black ink and mailed to the IME for processing. Invoices that are not completed correctly, do not have the EOMB attached, or have the incorrect revision date will be returned unprocessed to the provider.

The mailing address for all claims submitted to the IME:

Medicaid Claims P.O. Box 150001 Des Moines, Iowa 50315

The IME appreciates your continued partnership as we work to improve the claim processing service quality and accuracy. If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or email at imeproviderservices@dhs.state.ia.us.